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FILED MAY 12 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14906

Registration District No. 408

Primary Registration District No. 5562

Registrar's No. 69

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Rural - Marion Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route # 4, Carthage, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 28 Years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Rural - Marion Township
(If outside city or town limits, write "RURAL")
(d) Street No. Route #4, Carthage
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robert Emmett Huff

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rowena Florence Conger Huff years

7. Birth date of deceased March 11, 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	0	27	hr. min.

9. Birthplace Boonville, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Ret'd. Farmer

11. Industry or business

12. Name Anthony C. Huff

13. Birthplace Atchison County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Goodman

15. Birthplace Atchison County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Robt. E. Huff

(b) Address Route #4, Carthage, Mo.

17. (a) Burial (b) Date thereof 4-10-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison, Carthage, Mo.

19. (a) April 10, 1941 (b) E. J. McEntire, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7, year 1941 hour 11:11 minute P. M.

21. I hereby certify that I attended the deceased from April 7th 1941 to April 7th 1941; that I last saw him alive on April 7th 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Atherosclerotic Heart Disease

Other conditions Justalitis & Urinary Infection

Major findings: Of operations: Of autopsy:

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
865 (Specify type of place) While at work? Means of injury

23. Signature [Signature] (M. D. or other) Address Carthage, Mo. Date signed 4/10/41

Duration 6 hrs.
PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

41-5489

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Gene O'Leary Registered Apprentice No. 253 working under my personal supervision.

Signed E. J. [Signature]

Licensed Embalmer No. 2222

P. O. Address Carthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.